

# Safety Assessment & Plan

Created via Create > Case Work > Safety > Safety Assessment & Plan **or** created from the IA-Narrative page under 'Options', **or** auto-created when doing a Family Assessment & Case Plan or Case Progress Evaluation.

## Safety Assessment Tab

First step is to identify the 'Type' of Safety Assessment & Plan this is. In this example, it is part of an IA Narrative. Note: Although it doesn't appear in this screenshot, 'Safety Services' will appear as an option in the Type dropdown.

There are 17 questions that need to be answered either 'Yes' or 'No'

**Safety Assessment and Plan - Microsoft Internet Explorer provided by DHFS - State of Wisconsin**

**eWiSACWIS** Print Spell Check ABC Help ?

**General**

Name: Mother Waukesha Worker: Jason Wutt Approval Date: Type: Initial Assessment Narrative ☐ Completed

**Safety Assessment** Description of Safety Threats Plan Analysis

**Safety Threats**

No adult in the home will perform parental duties and responsibilities.

One or both parents / caregivers are violent.

One or both parents / caregivers cannot control behavior.

Child is perceived in extremely negative terms by one or both of the parents / caregivers.

Parents / caregivers do not have resources to meet basic needs.

One or both parents / caregivers fear they will maltreat child and / or request placement.

One or both parents / caregivers intend(ed) to hurt the child and do not show remorse.

One or both parents / caregivers lack knowledge, skill, motivation in parenting which affects the child's safety.

There is some indication parents / caregivers may flee.

Child has exceptional needs which parent / caregiver cannot / will not meet.

Living arrangements seriously endanger the physical health of the child.

Child shows effects of maltreatment, such as serious emotional symptoms and lack of behavioral control.

Child shows effects of maltreatment, such as serious physical symptoms.

Child is fearful of home situation.

Child is seen by either parent / caregiver as responsible for the parent's / caregiver's problems.

Options:

Done Trusted sites

## Safety Assessment Tab (continued)

After the 17 questions are answered, the Safety Assessment and Conclusion section needs to be completed. The BMCW Safety Services checkboxes are intended for Milwaukee County use only. If there are no identified Safety Threats, open the Safety Assessment template from the Options drop down. Now this piece of work is complete and the 'Completed' checkbox in the top right corner can be checked. This cannot be sent for Approval until the 'Completed' checkbox is checked. Note: If the Safety Assessment and Plan is Approved as a 'standalone' plan, the Completed checkbox will be auto selected if data has been entered into all of the required fields.

The screenshot shows a web browser window titled "Safety Assessment and Plan - Microsoft Internet Explorer provided by DHFS - State of Wisconsin". The browser's address bar shows "eWiSACWIS". The page has a blue header with the "eWiSACWIS" logo and navigation links: "Print", "Spell Check", "ABC", "Help", and "?".

The main content area is divided into several sections:

- General:** Contains fields for "Name: Mother Waukesha", "Worker: Jason Wutt", "Approval Date:", and "Type: Initial Assessment N". There is a "Completed" checkbox.
- Safety Assessment:** This section is currently active. It contains two tabs: "Description of Safety Threats" and "Plan Analysis". Below the tabs are two questions with "Yes" and "No" radio buttons:
  - "Child is victim of child partner / caregiver or is responsible for the parent or caregiver's problem?"
  - "Maltreating parent / caregiver exhibits no remorse or guilt."
  - "One or both parents / caregivers have failed to benefit from previous professional help."
- Safety Assessment and Conclusion:** This section contains a "Safety Decision" field set to "Safe" and a "Date of Safety Assessment" field set to "06/06/2006". It also has a "One or more factors that negatively affect safety are identified:" field with "Yes" and "No" radio buttons. Below this is a large text area for notes.
- BMCW Safety Services:** This section contains two checkboxes: "Safety Cause Analysis" and "Safety Case Closure".

At the bottom of the form, there is an "Options:" dropdown menu, a "Go" button, and "Save" and "Close" buttons. The browser's status bar at the bottom shows "Done" and "Trusted sites".

## Description of Safety Threats Tab

All Safety Threats identified on the Safety Assessment tab (i.e. answered Yes) will appear on this tab with an associated and required description field.

The screenshot shows a web browser window titled "Safety Assessment and Plan - Microsoft Internet Explorer provided by DHFS - State of Wisconsin". The application is "eWiSACWIS". The "General" tab is active, showing fields for Name (Mother Waukesha), Worker (Jason Wutt), Approval Date, and Type (Initial Assessment N). A "Completed" checkbox is present. Below the "General" tab are three sub-tabs: "Safety Assessment", "Description of Safety Threats" (which is selected), and "Plan Analysis".

**Safety Threats**  
Specifically describe the family conditions that support the safety threats identified. If any evaluations such as Psychological, Medical/AODA evaluations are needed to understand the conditions that affect safety, describe those here.

Description:  
Parent/caregivers are both unemployed and no longer eligible for W-2 services. There is no income and no family help to buy food or pay any bills.

Living arrangements seriously endanger the physical health of the child.  
Description:  
The family is living in a house that has been condemned and have no income to buy food, pay rent, or utilities.

Row 2 of 2

**Services Available/Accessible**

All Needed Services/activities provided. ☐ Yes ☐ No

All Needed Services/activities/providers are available at level/time required. ☐ Yes ☐ No

Options: [dropdown] [Go] [Save] [Close]

Done [Trusted sites]

## Plan Analysis Tab

The first section determines if a parent/caregiver in the home can protect the child. If the answer is 'Yes', complete the narrative section to document how this will be done. If the answer is 'No' or 'N/A', continue to the Analysis section.

The screenshot displays the 'eWiSACWIS' web application in a Microsoft Internet Explorer browser window. The title bar reads 'Safety Assessment and Plan - Microsoft Internet Explorer provided by DHFS - State of Wisconsin'. The application header includes the 'eWiSACWIS' logo and navigation links for 'Print', 'Spell Check', 'Help', and a question mark icon.

The 'General' section at the top contains the following information:

- Name: Mother Waukesha
- Worker: Jason Wutt
- Approval Date:
- Type: Initial Assessment N (dropdown menu)
- Completed: ☐

The main content area has three tabs: 'Safety Assessment', 'Description of Safety Threats', and 'Plan Analysis'. The 'Plan Analysis' tab is currently selected.

Under the 'Plan Analysis' tab, there are three sections:

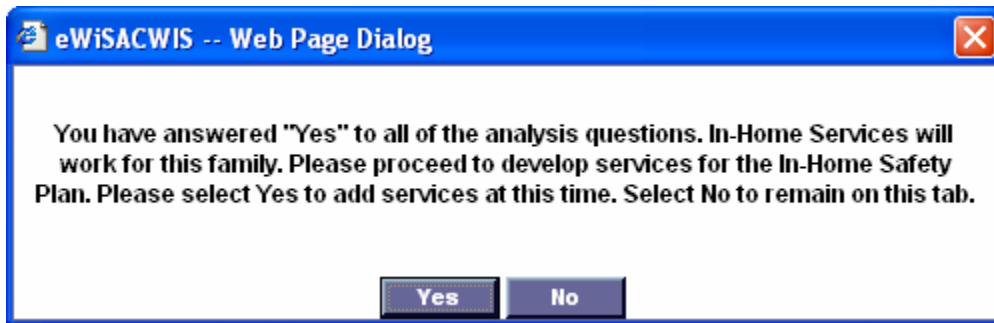
- Parent Caregiver Protective Capacity**  
Can and will the non-maltreating parent or another adult in the home protect the child(ren)? ☐ Yes ☒ No ☐ N/A  
If you answer Yes, please describe how the parent's/Caregiver's specific protective capacities can and will manage the identified safety threats. This justification demonstrates that the child is safe and no further safety intervention is needed. If you answer no, continue with the analysis and planning.  
[Text input area]
- Analysis**  
The parents/caregivers are willing for services to be provided and will cooperate with service providers. ☒ Yes ☐ No  
The home environment is calm enough for services to be provided and for the service providers to be in the home safely. ☒ Yes ☐ No  
Safety Services that control all of the conditions affecting safety can be put in place without the results of any scheduled evaluations. ☒ Yes ☐ No  
Parents/Caregivers are residing in the home. ☒ Yes ☐ No
- Comments**  
Document the plan for a Trial Reunification, if applicable, and any other pertinent information.  
[Text input area]

At the bottom of the form, there is an 'Options:' dropdown menu with a 'Go' button, and 'Save' and 'Close' buttons.

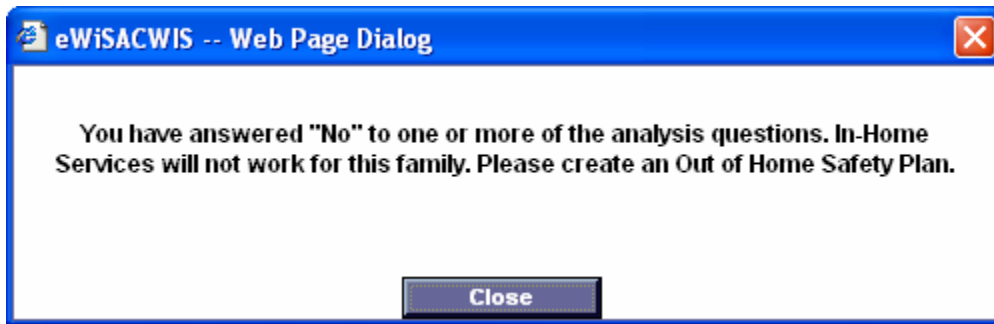
The browser's status bar at the bottom shows 'Done' and 'Trusted sites'.

## Pop-Up Messages for Analysis Questions

If all questions are answered 'Yes' in the Analysis section, the following pop-up message will appear:



If any of the questions are answered 'No' in the Analysis section, the following pop-up message will appear:



## Description of Safety Threats Tab – Entering Services

The 'Add/Edit Services' hyperlink appears to the right of the description field for each Safety Threat that has been identified on the Safety Assessment Tab. The Add/Edit Services hyperlink is used to open a new page which will allow you to enter the services that will be provided in order to mitigate the identified Safety Threats and keep the child(ren) safe in the home.

**Safety Assessment and Plan - Microsoft Internet Explorer provided by DHFS - State of Wisconsin**

**eWiSACWIS** Print Spell Check Help

**General**

Name: Mother Waukesha Worker: Jason Wutt Approval Date: Type: Initial Assessment Narrative ☐ Completed

**Safety Assessment** **Description of Safety Threats** **Plan Analysis**

**Safety Threats**

Specifically describe the family conditions that support the safety threats identified. If any evaluations such as Psychological, Medical/AODA evaluations are needed to understand the conditions that affect safety, describe those here.

Parents / caregivers do not have resources to meet basic needs. Row 1 of 2

Description:  
Parent/caregivers are both unemployed and no longer eligible for W-2 services. There is no income and no family help to buy food or pay any bills. [Add/Edit Services](#)

Living arrangements seriously endanger the physical health of the child. Row 2 of 2

Description:  
The family is living in a house that has been condemned and have no income to buy food, pay rent, or utilities. [Add/Edit Services](#)

**Services Available/Accessible**

All Needed Services/activities provided. ☐ Yes ☐ No

All Needed Services/activities/providers are available at level/time required. ☐ Yes ☐ No

Options:

Done Trusted sites

## Safety Plan Services Pop-Up

Using the Insert button, insert Service/Activities as appropriate. The Service/Activity drop-down list now contains a list of 19 services. (See list of definitions at the end of this document) The Provider/Responsible Person and the explanation field are both user entered text fields. Save and Close returns you to the Safety Assessment & Plan page.

**Safety Plan Services -- Web Page Dialog**

**eWiSACWIS** Print Spell Check Help

**Identified Safety Factor and Description**  
Parents / caregivers do not have resources to meet basic needs.  
Description:  
Parent/caregivers are both unemployed and no longer eligible for W-2 services. There is no income and no family help to buy food or pay any bills.

**Safety Services**

Service/Activity:	Food/Clothing Service	Delete
Provider/Resp. Person:	Local Food Pantry	Row 1 of 2
Specifically explain the safety services/activity and how it will control the threat identified.	Provide emergency food	
This needed service/activity exists.		<input checked="" type="radio"/> Yes <input type="radio"/> No
Service/activity/provider is currently available at level/time required.		<input checked="" type="radio"/> Yes <input type="radio"/> No
Service/Activity:	Housing Services	Delete
Provider/Resp. Person:	Housing Assistance Corporation	Row 2 of 2
Specifically explain the safety services/activity and how it will control the threat identified.	HAC will assist the family in obtaining rent assistance and low income housing.	

Insert

Save Close

## Description of Safety Threats – Entering Services

The Service/Activity and Provider/Responsible Person information entered on the previous page displays here. Once all work is complete, both the Safety Assessment and Safety Analysis and Plan templates should be opened from the Options drop down box. After the templates have been opened and reviewed, the 'Completed' checkbox in the upper right corner must be checked before the piece of work can be approved. Note: If the Safety Assessment and Plan is Approved as a 'standalone' plan, the Completed checkbox will be auto selected if data has been entered into all of the required fields.

The screenshot shows the 'eWiSACWIS' web application running in a Microsoft Internet Explorer browser. The title bar indicates it is provided by DHFS - State of Wisconsin. The application has a purple header with the 'eWiSACWIS' logo and navigation links for Print, Spell Check, and Help. Below the header is a 'General' section with fields for Name (Mother Waukesha), Worker (Jason Wutt), Approval Date, Type (Initial Assessment), and a 'Completed' checkbox which is checked. The main content area has three tabs: 'Safety Assessment', 'Description of Safety Threats' (which is active), and 'Plan Analysis'. Under the 'Description of Safety Threats' tab, there is a section titled 'Safety Threats' with a description: 'Parents / caregivers do not have resources to meet basic needs.' Below this is a text area with the description: 'Parent/caregivers are both unemployed and no longer eligible for W-2 services. There is no income and no family help to buy food or pay any bills.' To the right of the text area is a vertical scrollbar and a link labeled 'Add/Edit Services'. Below the text area is a table with two columns: 'Service/Activity' and 'Provider/Responsible Person'. The table contains two rows: 'Food/Clothing Service' with 'Local Food Pantry' and 'Housing Services' with 'Housing Assistance Corporation'. Below the table is another text area with the description: 'Living arrangements seriously endanger the physical health of the child.' To the right of this text area is another vertical scrollbar and the label 'Row 2 of 2'. Below the table is a section titled 'Services Available/Accessible' with two questions: 'All Needed Services/activities provided.' and 'All Needed Services/activities/providers are available at level/time required.' Each question has radio buttons for 'Yes' and 'No'. At the bottom of the form is an 'Options' section with a dropdown menu set to 'Safety Analysis and Plan' and a 'Go' button. To the right of the 'Options' section are 'Save' and 'Close' buttons. The browser's status bar at the bottom shows 'Done' and 'Trusted sites'.

Safety Assessment and Plan - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

**eWiSACWIS** Print Spell Check Help

**General**

Name: Mother Waukesha Worker: Jason Wutt Approval Date: Type: Initial Assessment ☒ Completed

**Description of Safety Threats**

**Safety Threats**

Specifically describe the family conditions that support the safety threats identified. If any evaluations such as Psychological, Medical/AODA evaluations are needed to understand the conditions that affect safety, describe those here.

Parents / caregivers do not have resources to meet basic needs. Row 1 of 2

Description:

Parent/caregivers are both unemployed and no longer eligible for W-2 services. There is no income and no family help to buy food or pay any bills.

[Add/Edit Services](#)

Service/Activity	Provider/Responsible Person
Food/Clothing Service	Local Food Pantry
Housing Services	Housing Assistance Corporation

Living arrangements seriously endanger the physical health of the child. Row 2 of 2

**Services Available/Accessible**

All Needed Services/activities provided. ☐ Yes ☐ No

All Needed Services/activities/providers are available at level/time required. ☐ Yes ☐ No

Options: Safety Analysis and Plan

Done Trusted sites



# Safety Assessment Template

This is the Safety Assessment template.

51000381.0.rtf - Microsoft Word

File View Window

Type a question for help

Spell Check Copy From Bookmarks Close and Return to eWISACWIS

1 2 3 4 5 6 7 8

## SAFETY ASSESSMENT

Name – Reference Person <b>Mother Waukesha</b>	Case Number <b>51000028</b>
Name – Assessed Family <b>[REDACTED]</b>	Date of Safety Assessment and Plan <b>06/06/2006</b>

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### I. Safety Threats

<p>1. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No No adult in the home will perform parental duties and responsibilities.</p> <p>2. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No One or both parents / caregivers are violent.</p> <p>3. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No One or both parents / caregivers cannot control behavior.</p> <p>4. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Child is perceived in extremely negative terms by one or both of the parents / caregivers.</p> <p>5. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Parents / caregivers do not have resources to meet basic needs.</p> <p>6. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No One or both parents / caregivers fear they will maltreat child and / or request placement.</p> <p>7. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No One or both parents / caregivers intend(ed) to hurt child and do not show remorse.</p>	<p>10. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Child has exceptional needs which parent / caregiver cannot / will not meet.</p> <p>11. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Living arrangements seriously endanger the physical health of the child.</p> <p>12. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Child shows effects of maltreatment, such as serious emotional symptoms and lack of behavioral control.</p> <p>13. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Child shows effects of maltreatment, such as serious physical symptoms.</p> <p>14. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Child is fearful of home situation.</p> <p>15. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Child is seen by either parent / caregiver as responsible for the parents / caregiver's problems.</p> <p>16. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Maltreating parent / caregiver exhibits no remorse or guilt.</p>
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Page 1 Sec 1 1/2 At 1.4" Ln 7 Col 1 REC TRK EXT OVR English (U.S.)

# Safety Analysis and Plan Template

This is the Safety Analysis and Plan Template

51000380.0.rtf - Microsoft Word

File View Window

Type a question for help

Spell Check Copy From Bookmarks Close and Return to eWISACWIS

1 2 3 4 5 6 7 8

## SAFETY ANALYSIS AND PLAN

Case Name <b>Mother Waukesha</b>	Case Number <b>51000028</b>
Date of Safety Assessment and Plan <b>06/06/2006</b>	Worker Name <b>Jason Wutt</b>

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**A. Safety Factor Description**

Specifically describe the family conditions that support the safety factors identified. If any evaluations such as psychological, medical or AODA evaluations are needed to understand the conditions that affect safety, describe those here.

**Parents / caregivers do not have resources to meet basic needs.**

Parent/caregivers are both unemployed and no longer eligible for W-2 services. There is no income and no family help to buy food or pay any bills.

**Living arrangements seriously endanger the physical health of the child.**

The family is living in a house that has been condemned and have no income to buy food, pay rent, or utilities.

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**B. Parent/Caregiver Protective Capacity**

Can and will the non-maltreating parent or another adult in the home protect the child(ren)?

☐ Yes ☒ No ☐ N/A

If you answer "Yes", describe how the parent's / caregiver's protective capacities can and will manage the identified safety threats. This justification demonstrates that the child is safe and no further safety intervention is needed. If you answer "No", continue with analysis and plan.

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**C. Analysis**

Page 1 Sec 1 1/2 At 3.5" Ln 20 Col 1 REC TRK EXT OVR English (U.S.)

*Identified below are the definitions of the safety services. While there may be other benefits to the provision of these services, the primary purpose of these services is to meet the safety needs of the child(ren).*

## **SAFETY SERVICE DEFINITIONS**

**Hospitalization** - This service refers to admission of a child and/or parent into a physical or mental health hospital. The condition requiring admission must relate to the influence which affects the child's safety. Providers may include, but are not limited to, physicians, nurses, mental health personnel, and hospital care personnel.

**Routine/Emergency Medical Care** - This service refers to the provision of medical care for a parent and/or a child. This medical service will assist in controlling one or more of the identified and described influences which place the child's safety in the home in question. This service should not be indicated for medical care services which are not related to the safety of the child. Providers may include, but are not limited to, physicians, nurses, public health nurses, and visiting nurses.

**Routine/Emergency Mental Health Care** - This service refers to the provision of mental health care (outpatient) for a parent and/or a child. This mental health service will help to control one or more of the identified and described influences which place the child's safety in the home in question. This service should not be indicated for mental health care services which are not related to the safety of the child. Providers may include, but are not limited to, mental health personnel.

**Routine/Emergency Alcohol or Drug Abuse Services** - This service refers to provision of inpatient or outpatient services for the treatment of alcohol or drug abuse. This service should be indicated for situations in which the alcohol or drug abuse affect the safety of the child. Providers may include, but are not limited to mental health personnel and hospital care personnel. This should not be checked if an alcohol or drug evaluation is needed. That should be indicated in B. 1.

**In-Home Health Care** - This service refers to a health related service which is provided in the home of the family. The service provided in the home must assist in controlling one or more of the identified and described influences which place the child's safety in the home in question. Providers may include, but are not limited to, home health personnel, visiting nurses, and public health nurses.

**Supervision/Observation** - This service is provided in the home. The service controls for conditions created by a parent reaction to stress, parents being inconsistent about caring for children, parents reacting impulsively and parents having detrimental expectations of children. These conditions affect the child's safety. The service provided is carried out by providers going into the home and observing the parent/child relationships, providing some level of supervision to the parent/child relationship or providing the similar service involving the family as a unit. This service provides an active, ongoing assessment of family stresses which affect safety and may result in necessary action. The emphasis here is that the provision of supervision/observation will assist in controlling one or more of the identified and described influences which place the child's safety in the home in question. Providers may include, but are not limited to, homemaker, caretaker, relative/friend, volunteer, department social worker, and home-based worker.

**Day Care** - Day care services are provided in an approved day care program, by a provider in the child's own home or in the home of a family day care provider. The service is provided while the child lives in their own home. The provision of day care service helps in controlling

one or more of the identified and described influences which place the child's safety in the home in question. The service responds to conditions where the child care responsibilities of the parents affect the child's safety. In addition to meeting the needs of the child, the service provides relief for the parent(s). Providers may include, but are not limited to, day care personnel, family day care providers, relatives/friends, volunteers, baby-sitters and caretakers.

**Respite Care** - This service provides for temporary supervision/care of a child in a child care type program at unscheduled/as needed periods of time in an effort to help control for one or more of the identified and described influences which place the child's safety in the home in question. The purpose of this service is to provide breathing space and room between the parent and the child. Providers may include, but are not limited to, respite care personnel.

**Child-Oriented Activity** - This safety service involves the child in a child - oriented activity which has adult supervision. There is no limit to what those services might be. The service could be a traditional service such as Brownies, Boy Scouts, a craft program or a program developed/designed to assist in meeting the child's safety needs. The emphasis is that the child-oriented activity service must assist in controlling one or more of the influences that affect the child's safety. In addition to meeting the needs of the child, the service provides relief for the parent(s). Providers may include, but are not limited to, relatives/friends, volunteers, child-oriented activity personnel, home-based social workers, and department social workers.

**Basic Home Management/Life Skills** - This service is provided to the parents. The purpose of the service is to control the parents' inability to perform basic life skill functioning which places the child's safety in question. Examples may include situations where the parents' functioning includes their inability to maintain a liveable home or where the parents are unable to access necessary life services, i.e., medical care. The provision of basic home management/life skills services is not appropriate for general home management and life skills functioning where the primary purpose is to bring about change rather than control for safety of the child. The services provided must have an immediate effect on controlling the influences which affect safety. Providers may include, but are not limited to, homemaker, parent aide, relative/friend, volunteer, home-based worker, protective payee and department social worker.

**Basic Parenting Assistance** - This service assists in controlling the parents' lack of basic parenting skills which affect the child's safety. The service focuses on very basic parenting skills such as feeding, bathing, basic medical care and basic physical/emotional attention and supervision. The lack of these basic parenting skills must affect the child's safety. The services provided must have an immediate effect on controlling the influences which affect safety. Providers may include, but are not limited to, homemaker, caretaker, parent aide, relative/friend, volunteer, home-based worker, and department social worker.

**Social/Emotional Support** - This service provides basic social connections and basic emotional support to parents. The lack of this support must affect the child's safety. Consider this example: A parent is socially isolated and has no emotional support. The result of this is that the parent is lonely and has no one with whom to share his/her burdens. If these issues were resolved, the parent would function more effectively in all of his/her roles. However, because of his/her adaptability, these conditions do not affect the child's safety. In the aforementioned example, this service would not be appropriate.

Now consider this situation. A parent is socially isolated and has no emotional support. The result of this is that the parent is lonely and has no one with whom to share his/her burdens. This further results in the parent feeling helpless and hopeless. The parent loses energy as it relates to functioning and becomes increasingly depressed. This results in the parent not feeding his/her infant child with any regularity and not being able to take the child in for necessary medical care. In this example, the provision of social/emotional support services would be

appropriate. The services provided must have an immediate impact on controlling the influences which affect safety. Providers may include, but are not limited to, homemaker, caretaker, parent aide, relative/friend, volunteer, self-help group, home-based worker, and department social worker.

**Individual or Family Crisis Counseling** - These services are aimed at controlling only crisis situations which affect the child's safety. The influences being controlled have put an individual family member or the family as a unit in crisis. "Crisis" is defined as a situation which involves disorganization and emotional upheaval. Further, the situation has resulted in an inability to adequately function and problem solve. This service differs from traditional individual or family counseling in that the emphasis is to provide immediate relief and support from the crisis being experienced. Providers may include, but are not limited to, mental health personnel, home-based worker, parent aide, and department social worker.

**Financial Services** - This service provides financial assistance to the family to assist in meeting the child's safety needs which results from the lack of finances. Providers may include, but are not limited to, economic support personnel.

**Housing Services** - This service provides for the securing of housing or the securing of more affordable housing for a family where the lack of housing affects the child's safety. Providers may include, but are not limited to, housing/shelter personnel.

**Chore Services** - Chore services are general household tasks which the parents are unable to do. These include in-home tasks associated with home management, meal preparation, etc., and home management tasks outside of the home such as grocery shopping. The emphasis here is that chore services are needed in the family, the family is unable to financially afford the service on their own, and the lack of these tasks being carried out affect the safety of the child. Providers may include, but are not limited to, homemaker, relatives/friends, and volunteers.

**Transportation Services** - This service provides transportation to the family or members of the family to secure necessary life functioning services. The emphasis is that the lack of transportation to secure necessary life functioning services affects the child's safety. Providers may include, but are not limited to, volunteers, relatives/friends, home-based worker, and department social worker.

**Unique Child Condition Service** - This service is concerned with a child that has a specific physical/emotional condition which, in and of itself, creates a safety concern for the child. The provision of the service is required because the family does not have the financial resources to provide the service on their own. Consider this example: The child is developmentally disabled. The child requires physical rehabilitation services, speech and hearing services, and lung functioning services. The family is unable to provide these services and it is the need for the services and the families' inability to financially provide the services which affect the child's safety. Providers may include, but are not limited to, special child service personnel.

**Food/Clothing Service** - The child does not have adequate food and/or clothing and the lack of these life necessities affects the child's safety. The family cannot afford to provide these necessities to the child. Providers may include, but are not limited to, volunteers, relatives/friends, and food/clothing service personnel.